

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 4, 2005

ALL-COUNTY LETTER NO.: 05-36

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS
ALL COUNTY WELFARE FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: CHANGE TO THE CONTRACT EXPENDITURE AND PUBLIC AUTHORITY/NONPROFIT CONSORTIUM ADMINISTRATIVE COST FORMS TO IMPLEMENT THE INCLUSION OF THE IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER COSTS

The purpose of this letter is to provide information regarding revisions to the forms "Claim for Reimbursement for IHSS Program Contract Expenditures" (SOC 432) and the "IHSS Program Public Authority (PA) Invoice Administrative Costs (SOC 448). These forms have been revised to include the IHSS Plus Waiver (IPW) Program costs.

BACKGROUND

The IPW Program became effective May 1, 2004. The intent of the IPW was to move eligible recipients being served under the original IHSS Residual Program into programs eligible to receive federal financial participation (FFP). Programs eligible to receive FFP include the Personal Care Services Program (PCSP) and the IPW. Cases under the IHSS Residual Program became eligible for FFP once they transferred to either the PCSP or IPW programs. The funding ratios are the same for both the PCSP and IPW programs. Both programs receive 50 percent FFP, with the remaining 50 percent divided between the State and counties 32.5/17.5 percent, respectively.

SOC 448

The SOC 448 form is an Excel based spreadsheet available from the Fiscal and Administrative Unit within the Adult Programs Branch. The spreadsheet provides instructions for use to automate the federal, State and county funding share calculations for both PCSP and the IPW, and produces a signature ready SOC 448 with supporting monthly worksheets. The IPW provider hours will be entered on line 28 of the Data Entry page. The breakout of the costs for the hours appears on lines 23 and 30 of the SOC 448 cover sheet. A copy of the revised SOC 448 is included as Attachment A.

SOC 432

The SOC 432 has been revised to include the IPW information. The IPW hours will be reported by the Case Management, Information and Payrolling System in the same manner as the PCSP and Residual hours. Copies of the Contractor Interface Screen and the Contractor Payment Authorization Report should be included when the SOC 432 is submitted for payment. A copy of the revised SOC 432 is included as Attachment B.

Counties are reminded of the requirement to forward a letter to the Adult Programs Branch at the California Department of Social Services containing signature samples of the personnel authorized to sign for reimbursement for the IHSS Program. This information is necessary to verify that the appropriate county personnel are certifying and approving the information and for auditing purposes. Authorized personnel are limited to either the County Welfare Director or the Controller, or their representative, and the County Auditor or the County Controller, or their representative. Counties should provide a new Authorized Signature letter whenever there is a change in these personnel. A sample copy of the Authorized Signature letter is included as Attachment C.

If you have any questions regarding the SOC 448 or SOC 432, please contact the appropriate Fiscal and Administrative Unit (FAU) analyst as indicated on Attachment D at (916) 229-3494.

Sincerely,

Original Document Signed By
EVA L. LOPEZ for

JOSEPH M. CARLIN
Acting Deputy Director
Disability and Adult Programs Division

Attachment(s)

SOC 448 In-Home Supportive Services Program Public Authority Invoice Form Instructions (Annual Instructions)

Originator: California Department of Social Services (CDSS), Adult Programs Branch (APB)
Contact: APB Fiscal and Administrative Unit (FAU) (916) 229-3494
Analyst: FAU Analyst (916) 229-3494
E-Mail: First Name.Last Name@dss.ca.gov

State Participation: \$11.10 level adjusted - effective 7/1/05
Version: 10/01/05

HISTORY

1. CDSS All-County Letter No. 98-20, dated March 17, 1998, contains the original Public Authority (PA) instructions and forms, including the SOC 448 forms. CDSS All-County Information Notice (ACIN) No. I-102-00, dated October 13, 2000, provides revised SOC 448 forms. Neither version contained in these documents is current. The electronic SOC 448 form is now updated (version 10/05) and must be used by counties to submit reimbursement claims for PA administrative and individual provider health and non-health benefit expenses. The Independence Plus Waiver (IPW) is included on the SOC 448 for calculation of federal and State shares.

ANNUAL SOC 448 RECONCILIATION SPREADSHEET

1. This Excel spreadsheet contains automated forms which simplify the preparation of the PA Invoice document SOC 448. It is formula driven which requires a minimal amount of data entry on the "DATA INPUT" sheet only. All other sheets are automatically populated.
2. The purpose of the SOC 448 is to report and claim reimbursement of the federal and State share of PA administrative and individual provider benefit expenses. This spreadsheet will provide information for months 1-12 of the State fiscal year (SFY) (July 1 - June 30). The spreadsheet can be implemented in any month of the SFY (for start-up Public Authorities). The SOC 448 invoices shall be completed and submitted for federal and State reimbursement within 30 calendar days after the end of each quarter.
3. This spreadsheet will automatically reconcile and adjust State and county shares for administrative and health benefit expenses that exceed the State sharing limits, after the data for the fourth quarter is entered on the "DATA INPUT" sheet. The fourth quarter SOC 448 contains procedures from the "Q1-Q4 COST REVIEW" sheet to automatically calculate the adjusted reimbursement amounts, provided that a year-end expense sharing adjustment is necessary.
4. This annual reconciliation process means that quarterly SOC 448 actual administrative and benefit expenses can exceed the maximum approved administrative and benefit rates for any quarter. The purpose of the fourth quarter annual reconciliation is to provide counties flexibility with obtaining federal and State reimbursement for unanticipated variations in PA expenses within any of the four quarters. Counties can review their actual vs. approved maximum expense exposure each quarter and by year-to-date quarterly summary information provided on the "Q1-Q4 COST REVIEW" sheet. If actual year-to-date expenses are at risk of exceeding the approved maximum rates, counties can request changes to the approved maximum administrative and benefit rates to avoid a fourth quarter reconciliation adjustment that reduces the State reimbursement share, provided the PA Rate changes are approved by the State.

COUNTY SOC 448 SUBMISSION PROCESS

(using the Annual SOC 448 spreadsheet)

1. Make a back-up copy of the spreadsheet.
2. Enter your PA data only on the "DATA INPUT" sheet, for the appropriate month(s).
Refer to the "Data input EXAMPLE" sheet for an illustration of sample input data.
Counties starting PA invoicing for the month of November, for example, would fill in the data for the months of November and December. All data for months July to October would have zero (0) values. The Months 4, 5, 6, Q2 SOC 448 cover sheets are populated automatically.
3. Print out the forms listed below and mail the signed (original) SOC 448 cover sheet to the address listed on the SOC 448 cover sheet with the following documents:
 - (a) Monthly worksheets
 - (b) Quarterly worksheet
 - (c) Supporting documentation of the expenses. This can consist of county documents summarizing the expenses, or alternatively, by using the attached "PA/NPC Expense Detail Summary" sheet to document the expense categories and amounts.
4. The SOC 448 invoice submission process is repeated each quarter.

FOURTH QUARTER SOC 448 RECONCILIATION

The fourth quarter SOC 448 cover sheet contains a "Year-End Claim Rate Cap Adjustment" field that is automatically calculated and derived from the "Q1-Q4 COST REVIEW" sheet for those rare cases where the summed actual expenses exceed the maximum approved expenses. This is further explained below.

"Q1-Q4 COST REVIEW" SHEETS

1. These sheets provide a quarter-by-quarter display of actual administrative and benefit expenses, and compares these values to the maximum approved administrative and benefit values. It is populated automatically from the "DATA INPUT", monthly and quarterly sheets. Each quarter is summarized, and year-to-date comparisons are provided in the Q1-Q2, Q1-Q3, and the Q1-Q4 sections.
2. Health benefit information accounts for instances where the State sharing level is either (1) exceeded, or (2) not reached, for each month. These categories are the "Exceed State sharing" and "Unrealized State sharing". These quantities are reconciled during the fourth quarter to provide State sharing credit if applicable.
3. Finally, the "Annual Reconciliation" adjustment is calculated on this sheet. All months containing data are summed, administrative and benefit maximums/actuals are calculated for each month, and all data is summed after the fourth quarter "DATA INPUT" data is entered. Only in the event the summed actual expenses exceed the summed maximum is an adjustment value generated in cells F101:G101 (on the "Q1-Q4 COST REVIEW" sheet). In most cases, actual expenses will be below the maximums, with no adjustment value applied.

Line-by-Line Instructions for : "DATA INPUT" Sheet

"Address line 1": Enter your County's Organization

"Address line 2": Additional lines for address (optional)

"Address line 3": Enter your County's Street Address or P.O. Box

"Address line 4": Enter your County's City, State, Zip Code

"Contact Name": Enter the County Contact Name for this invoice

"Phone Number": Enter the County Contact's Phone Number for this invoice

"E-mail Contact": Enter the County Contact's E-Mail Address for this invoice

"County name": Enter your County's Name

"State Fiscal Year": Enter the State Fiscal Year

"State Fiscal Quarter": either Q1, Q2, Q3, Q4. *These cells are locked and should not be changed.*

"Claim month": *These cells are locked and should not be changed.*

"Number of months in quarter": Accounts for start-up PA's who start in the 2nd or 3rd month in a quarter. Normally value equals 3.

"Federal Medicaid Assistance Percentage (FMAP) Rate": This is the federal sharing rate that changes each federal fiscal year (Oct-Sept). This percentage is expressed as a decimal in this field. Refer to the FMAP table on the "DATA INPUT" sheet. *These cells are locked and will not need changing for the July 2005 through June 2006 period.*

"Waiver Plus FMAP Rate": This is the same federal sharing rate as described in line 17 above. *These cells are locked and will not need changing for the July 2005 through June 2006 period.*

"State Approved Administrative Rate": This is the maximum approved administrative rate for each month.

"State Approved Health Benefit Rate": This is the maximum approved health benefit rate for each month.

"State-sharing Health Benefits Rate (up to \$2.60)": The health benefit level that the county selects as the health benefit State sharing level. This is the designated health benefit level selected by the county for state expense participation. For SFY 2005/06, State will share in the expense of individual provider wages and individual health benefits in PA counties up to eleven dollars and ten cents (\$11.10) per hour, provided that wages have reached at least seven dollars and fifty cents (\$7.50) per hour. The amount between \$7.50 and \$11.10 (up to \$3.60) may be applied to wages, individual health benefits, or both. The selected State health benefit level will reduce the State wage sharing level by a corresponding amount. For example, if the county selects a State shared health benefit level of \$0.75, then the maximum IP wage State sharing wage would be \$10.35. If provider wages have not reached at least seven dollars and fifty cents (\$7.50) per hour, the state will only share in the expense of the actual provider wages plus individual health benefits up to sixty cents (\$0.60) per hour.

"State Approved NON-Health Benefit Rate": This is the maximum approved NON-Health Benefit rate for each month and used for benefits other than health benefits (could be pension or other non-state shared benefit). Non-Health Benefits do not have State participation but often do have federal participation. If a Non-Health Benefit does not have federal participation then it cannot be included in this rate or in the SOC 448 invoice.

"PCSP IP Paid Hours": These are the PCSP IP paid hours for the month, and they are derived from CMIPS reports.

"Waiver Plus IP Paid Hours": These are the Waiver Plus IP paid hours for the month, and they are derived from CMIPS reports.

"Non-PCSP IP Paid Hours": These are the Non-PCSP IP paid hours for the month, and they are derived from CMIPS reports.

"State-Eligible Admin Expense per Month": This line is the monthly amount of administrative expenses that are eligible for federal and State reimbursement. Some PA administrative expenses may not be eligible for State reimbursement (all listed PA expenses must be actual).

Line-by-Line Instructions for : "DATA INPUT" Sheet (continued)

"Non-State-Eligible Admin Expense per Month": This line is the monthly amount of administrative expenses eligible for federal and county share only (not eligible for State sharing). Any administrative expenses not eligible for State and federal reimbursement must be excluded from the SOC 448.

"Health Benefit Expense": These expenses are eligible for State reimbursement (up to the State-share maximum) and federal reimbursement.

"Non-Health Benefit Expense": These expenses are NOT eligible for State reimbursement, but are eligible for federal reimbursement. Any Non-Health Benefit expenses not eligible for federal reimbursement must be excluded from the SOC 448 invoice.

"Total Benefit Expense": These are the sum of Health Benefit expenses and Non-Health Benefit expenses.

SOC 448 Invoice Spreadsheet Calculation Methodology

1. The ratio of PCSP, IPW, and Non-PCSP IP paid hours for each month determines the expense allocation ratio for the administrative and benefit expenses reported for that month. Each service month produces a slightly different PCSP/IPW to Non-PCSP ratio because these hours fluctuate monthly.
2. The administrative and health benefit rate maximum in effect for the month multiplied times the IP paid hours is the maximum allowable administrative and benefit expense allowed for the month. Each month's earned maximum expense is summed to when reconciling the approved maximum rates against the actual expenses. The reconciliation review and adjustment is performed in the fourth quarter.
3. The expense sharing ratio for PA expenses is 65 percent State and 35 percent county of the non-federal eligible costs. Expenses apportioned with PCSP service hours are eligible for federal participation. Expenses apportioned with Non-PCSP service hours are NOT eligible for federal participation. The FMAP changes each October. Refer to the "DATA INPUT" sheet for actual numbers.

SOC 448 Invoice Spreadsheet Version History

Version 11/04/02: The first distributed annual spreadsheet.

Version 12/02/02: The second annual spreadsheet. This version corrected an error in the Q1-Q4 COST REVIEW sheet, a formula in cell F90. This error affects the calculation of the 4th quarter reconciliation adjustment for unrealized health benefits. This error does not affect the accuracy of the SOC 448 submissions for Quarters Q1-Q3.

Version 06/02/03 was issued for the 2003/2004 SFY, which began July 1, 2003. The FMAP rates have been updated for all four quarters. No other changes were needed.

Version 12/5/03 changes:

1. This version corrected an error in the quarterly and annual SOC 448 cover sheets for the calculation of the "COST REIMBURSEMENT BY FUNDING SOURCE" section for State and county cost amounts only. This error occurred only if:

SOC 448 Invoice Spreadsheet Version History (continued)

Health Benefit expenses for any SFY quarter exceeded the State Sharing level.

The error treated Health Benefit expenses above the State sharing level as not being State shared for EACH QUARTER, even though the SOC 448 cost accounting was changed to an annual reconciliation. This error basically treated Health Benefit expenses as being reconciled on a quarterly basis. At the same time, the amount of Health Benefit expenses over the State share was carried forward to the annual reconciliation section, and that amount would again be applied in the 4th quarter reconciliation process.

The net result for counties who reported Health Benefit expenses in excess of State share amounts would be:

1. Any quarter with Health Benefit costs above State share would have had their State Cost reimbursement reduced and their county share increased.
 - a. If the summed average Health Benefit cost for the SFY was above the State sharing level, then the annual reconciliation would again calculate the amount as a non-State shared cost and have State cost reimbursement reduced and their county share increased in the annual 4th quarter reconciliation. If any quarter reported Health Benefit expense is below the State sharing level, the error could range from 0.1 percent to 100 percent (double) of reducing State share (and increasing county share) of the amount above the State share level.
 - b. If the summed average Health Benefit cost for the SFY was below the State sharing level (because subsequent quarters reported lower health benefit expenses), then the error would consist of a non-application of the proper credit in the annual 4th quarter reconciliation. Depending on the amount of "credit" earned in the other quarters, the error could range from 0.1 percent to 100 percent of the original quarterly SOC 448 amount where the State share was reduced and the county share was increased by the amount above the State share level.
2. Enhancements were made to control administrative expenses up to the approved maximums (not just to the State share level), and adjust federal/State/county share of cost reimbursement in the annual reconciliation, if required. (Q1-Q4 Cost Review sheet, F81:H81).
3. Enhancements were also made to control Non-Health Benefits expenses up to the approved maximums, and adjust federal and county share of cost reimbursement in the annual reconciliation, if required. Note that there is no State share of expenses in this category.
4. The overall federal/State/county share of cost calculations on the Quarterly summary sheets were refined to a standardized calculation methodology.

Version 10/01/05 Changes:

1. This version incorporates the Independence Plus Waiver (IPW) approved on May 1, 2004. The IPW operates under the same Medi-Cal Program as PCSP. The federal sharing ratio is the same used for PCSP; 50 percent federal and the remaining 50 percent not eligible for federal participation is divided between the State (32.5 percent) and the county (17.5 percent).
2. The IPW Individual Provider hours must be entered on Line 28 of the Data Entry page. The breakout of the costs for the waiver hours will appear on lines 23 and 30 of the SOC 448 cover sheet.

| | A | B | C | D | E | F | G | H | I | J | K | L | M | |
|----|---|---|---|---|--|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 1 | DATA ENTRY SCREEN | | | | | | | | | | | | | |
| 2 | SOC 448 WORKSHEET FOR 1 FISCAL YEAR (UP TO 12 MONTHS) | | | | | | | | | | | | | |
| 3 | IHSS Public Authority Administrative & Benefit Cost Claiming | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | Directions: | | | | | | | | | | | | | |
| 8 | Refer to the "Instructions" sheet within this | | | | Questions? Contact CDSS Adult Program Branch | | | | | | | | | |
| 9 | spreadsheet file. | | | | Fiscal & Admin Unit at (916) 229-3494. | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | Enter County Name: | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | State Fiscal Year (2005/2006): | | | | 2005/2006 | | | | | | | | | |
| 14 | State Fiscal Quarter (Q1, Q2, Q3, Q4) | | | | Q1 | Q1 | Q1 | Q2 | Q2 | Q2 | Q3 | Q3 | Q3 | Q4 |
| 15 | Claim Month (OCT, NOV, etc) | | | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| 16 | Number of Months in Quarter: (default is 3) | | | | 3 | | | 3 | | | 3 | | | 3 |
| 17 | Federal FMAP Rate (see table below) | | | | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 |
| 18 | Waiver Plus FMAP Rate (see table below) | | | | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 | 0.5000 |
| 19 | | | | | | | | | | | | | | |
| 20 | Rates | | | | | | | | | | | | | |
| 21 | State Approved Admin Rate | | | | | | | | | | | | | |
| 22 | State Approved Health Benefits Rate | | | | | | | | | | | | | |
| 23 | State-sharing Health Benefits Rate (up to \$2.60) | | | | | | | | | | | | | |
| 24 | State Approved Non-Health Benefits Rate (if any) | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | |
| 26 | Hours (from CMIPS) | | | | | | | | | | | | | |
| 27 | PCSP IP Paid Hours | | | | | | | | | | | | | |
| 28 | Waiver Plus IP Paid Hours | | | | | | | | | | | | | |
| 29 | Non-PCSP (Residual) IP Paid Hours | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |
| 31 | Expenses | | | | | | | | | | | | | |
| 32 | State-Eligible Admin Expense for Month | | | | | | | | | | | | | |
| 33 | Non-State-Eligible Admin Expense for Month | | | | | | | | | | | | | |
| 34 | Health Benefits Expense | | | | | | | | | | | | | |
| 35 | Non-Health Benefits Expense (not State shared) | | | | | | | | | | | | | |
| 36 | Total Benefits Expense (sum of lines 33 & 34) | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 37 | | | | | | | | | | | | | | |
| 38 | (FMAP - Federal Medicaid Assistance Percentage) | | | | | | | | | | | | | |
| 39 | Sharing ratios | | | | Federal | State/County | State | County | | | | | | |
| 40 | Oct 97- Sep 98 | | | | 51.23 | 48.77 | 31.70 | 17.07 | | | | | | |
| 41 | Oct 98- Sep 99 | | | | 51.55 | 48.45 | 31.49 | 16.96 | | | | | | |
| 42 | Oct 99- Sep 00 | | | | 51.67 | 48.33 | 31.41 | 16.92 | | | | | | |
| 43 | Oct 00- Sep 01 | | | | 51.25 | 48.75 | 31.69 | 17.06 | | | | | | |
| 44 | Oct 01- Sep 02 | | | | 51.40 | 48.60 | 31.59 | 17.01 | | | | | | |
| 45 | Oct 02- Sep 03 | | | | 54.35 | 45.65 | 29.67 | 15.98 | | | | | | |
| 46 | Oct 03- Jun 04 | | | | 52.95 | 47.05 | 30.58 | 16.47 | | | | | | |
| 47 | Jul 04 - Jun 05 | | | | 50.00 | 50.00 | 32.50 | 17.50 | | | | | | |
| 48 | Jul 05 - Jun 06 | | | | 50.00 | 50.00 | 32.50 | 17.50 | | | | | | |

SOC 448 Cover Address Block information

| | |
|-----------------|--|
| Address line 1: | |
| Address line 2: | |
| Address line 3: | |
| Address line 4: | |
| Contact name: | |
| Phone number: | |
| E-mail contact: | |

| | A | B | C | D | E | F | G | H | I | J | K |
|----|---|------------------|--------------------|-----------------|--------------|--|------------------|--------------------|-------------------|--------------|-------------|
| 1 | Public Authority Administrative Cost and Benefit Cost Review | | | | | | | | | | |
| 2 | Maximum Allowable Rate versus Actual Expenditures | | | | | | | | | | |
| 3 | | | | | | Questions? Contact CDSS Adult Program Fiscal & Admin Unit at | | | | | |
| 4 | | | | | | (916) 229-3494 | | | | | |
| 5 | County: | 0 | | | | | | | Version: 10/01/05 | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | State Fiscal Year: | 2005/2006 | | | | | | | | | |
| 11 | | Quarter 1 | | | | | Quarter 2 | | | | |
| 12 | | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE |
| 13 | Administrative costs | | | | | | | | | | |
| 14 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 15 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 16 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 17 | | | | | | | | | | | |
| 18 | Health benefit costs | | | | | | | | | | |
| 19 | Max State Participation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 20 | Max Rate Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 21 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 22 | Unrealized State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 23 | Exceed State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 24 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 25 | | | | | | | | | | | |
| 26 | Non-Health benefit costs | | | | | | | | | | |
| 27 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 28 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 29 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 30 | | | | | | | | | | | |

| | A | B | C | D | E | F | G | H | I | J | K |
|----|----------------------------------|------------------|-------------|----------|--------|-------|------------------|-------------|----------|--------|-------|
| 31 | | | | | | | | | | | |
| 32 | | Quarter 3 | | | | | Quarter 4 | | | | |
| 33 | | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE |
| 34 | Administrative costs | | | | | | | | | | |
| 35 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 36 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 37 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 38 | | | | | | | | | | | |
| 39 | Health benefit costs | | | | | | | | | | |
| 40 | Max State Participation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 41 | Max Rate Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 42 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 43 | Unrealized State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 44 | Exceed State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 45 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 46 | | | | | | | | | | | |
| 47 | | | | | | | | | | | |
| 48 | Non-Health benefit costs | | | | | | | | | | |
| 49 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 50 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 51 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 52 | | | | | | | | | | | |

| | A | B | C | D | E | F | G | H | I | J | K |
|----|---------------------------------|--------------|-------------|----------|--------|-------|--------------|-------------|----------|--------|-------|
| 53 | | | | | | | | | | | |
| 54 | | | | | | | | | | | |
| 55 | | Quarters 1-2 | | | | | Quarters 1-3 | | | | |
| 56 | | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE |
| 57 | Administrative costs | | | | | | | | | | |
| 58 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 59 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 60 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 61 | | | | | | | | | | | |
| 62 | Health benefit costs | | | | | | | | | | |
| 63 | Max State Participation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 64 | Max Rate Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 65 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 66 | Unrealized State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 67 | Exceed State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 68 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 69 | | | | | | | | | | | |
| 70 | Non-Health benefit costs | | | | | | | | | | |
| 71 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 72 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 73 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 |
| 74 | | | | | | | | | | | |

| | A | B | C | D | E | F | G | H | I | J | K |
|-----|--|---------------------|--------------------|-----------------|--------------|-------------|--|---------------------|---------------------|---------------------|---|
| 75 | | | | | | | | | | | |
| 76 | | Quarters 1-4 | | | | | Q4 SOC 448 Reconciliation Adjust. | | | | |
| 77 | | PCSP | WAIVER PLUS | Non-PCSP | Total | RATE | (adjustments for Q1-4 Fed/State/County share) | | | | |
| 78 | Administrative costs | | | | | | County | Waiver | State | Federal | |
| 79 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | Share Adjust | Share Adjust | Share Adjust | Share Adjust | |
| 80 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 81 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 82 | | | | | | | | | | | |
| 83 | Health benefit costs | | | | | | | | | | |
| 84 | Max State Participation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 85 | Max Rate Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 86 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 87 | Max State vs. Actual costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 88 | Unrealized State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | |
| 89 | Exceed State sharing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | |
| 90 | Net Unrealized-Exceed share adj. | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 91 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 92 | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 93 | Max allow- Actual costs -State share Logic | | | | 0 | | | | | | |
| 94 | Non-Health benefit costs | | | | | | | | | | |
| 95 | Max Allowed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 96 | Actual Costs Claimed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | | | | | |
| 97 | Diff - (Max Allow-Actual) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | | \$0.00 | |
| 98 | | | | | | | | | | | |
| 99 | | | | | | | | | | | |
| 100 | | | | | | | | | | | |
| 101 | Total Adjustments to Qtr 4 Fed/State/County SOC 448 funding share: | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 102 | Note: Positive County share adjustment indicates that the Q4 SOC 448 county | | | | | | County | Wavier | State | Federal | |
| 103 | share will be increased by this amount, and correspondingly, the State funding | | | | | | Share Adjust | Share Adjust | Share Adjust | Share Adjust | |
| 104 | share will be decreased. | | | | | | | | | | |

Counties must provide supporting documentation of their PA expenses with the SOC 448. This can consist of county documents summarizing the expenses, or alternatively, by using this "PA/NPC Expense Detail Summary" sheet to document the expense categories and amounts.

This form may be modified as needed.

County: Questions? Contact CDSS Adult Program Branch

SFY: 0

| | | | | |
|----------|------------------------|------------------------|------------------------|------------------------|
| Quarter: | Actual Exp. MONTH 1 | Actual Exp. MONTH 2 | Actual Exp. MONTH 3 | Actual Exp. QUARTER |
|----------|------------------------|------------------------|------------------------|------------------------|

PA Administrative Salaries/Benefits

| | | | | |
|-------------------------------------|---------------|---------------|---------------|---------------|
| Salaries & Wages | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Salaries/Benefits Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

PA Operating Expenses and Equipment

Direct Expenses:

| | | | | |
|------------------------|--------|--------|--------|--------|
| Facilities Lease Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Communications | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Data Processing | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Postage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Printing | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| General Expense | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Computer | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Minor Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Miscellaneous | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Contract Expenses:

| | | | | |
|-----------|--------|--------|--------|--------|
| Generic 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Generic 2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Professional Services Expenses:

| | | | | |
|-----------------|--------|--------|--------|--------|
| Accounting | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Labor Relations | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Legal | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Consultant | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

IHSS Provider Expenses:

| | | | | |
|----------------|--------|--------|--------|--------|
| Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Fingerprinting | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**IHSS Public Authority (PA)/Non-Profit Consortium (NPC)
Expense Detail Summary (page 2)**

| | Actual Exp. MONTH 1 | Actual Exp. MONTH 2 | Actual Exp. MONTH 3 | Actual Exp. QUARTER |
|--|------------------------|------------------------|------------------------|------------------------|
| <u>IHSS Recipient Expenses:</u> | | | | |
| Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Operating Expenses Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| <u>IHSS Provider Expenses:</u> | | | | |
| Health Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-Health Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Provider Expenses Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PA Total Expenditures: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Counties must provide supporting documentation of their PA expenses with the SOC 448. This can consist of county documents summarizing the expenses, or alternatively, by using this "PA/NPC Expense Detail Summary" sheet to document the expense categories and amounts. **This form may be modified as needed.**

County: Questions? Contact CDSS Adult Program Branch

SFY: 0

| | | | | |
|----------|------------------------|------------------------|------------------------|------------------------|
| Quarter: | Actual Exp. MONTH 1 | Actual Exp. MONTH 2 | Actual Exp. MONTH 3 | Actual Exp. QUARTER |
|----------|------------------------|------------------------|------------------------|------------------------|

PA Administrative Salaries/Benefits

| | | | | |
|-------------------------------------|---------------|---------------|---------------|---------------|
| Salaries & Wages | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Salaries/Benefits Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

PA Operating Expenses and Equipment

Direct Expenses:

| | | | | |
|------------------------|--------|--------|--------|--------|
| Facilities Lease Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Communications | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Data Processing | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Postage | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Printing | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| General Expense | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Staff Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Computer | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Minor Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Miscellaneous | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Contract Expenses:

| | | | | |
|-----------|--------|--------|--------|--------|
| Generic 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Generic 2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Professional Services Expenses:

| | | | | |
|-----------------|--------|--------|--------|--------|
| Accounting | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Labor Relations | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Legal | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Consultant | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

IHSS Provider Expenses:

| | | | | |
|----------------|--------|--------|--------|--------|
| Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Fingerprinting | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**IHSS Public Authority (PA)/Non-Profit Consortium (NPC)
Expense Detail Summary (page 2)**

| | Actual Exp. MONTH 1 | Actual Exp. MONTH 2 | Actual Exp. MONTH 3 | Actual Exp. QUARTER |
|--|------------------------|------------------------|------------------------|------------------------|
| <u>IHSS Recipient Expenses:</u> | | | | |
| Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Operating Expenses Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| <u>IHSS Provider Expenses:</u> | | | | |
| Health Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-Health Benefits | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Provider Expenses Sub-total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PA Total Expenditures: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS19-96
Sacramento, CA 95814

| | |
|----------|------------------------------|
| County: | 0.00 |
| Address: | 0.00 0.00 0.00 0.00 |
| Contact: | 0.00 |
| Phone: | 0.00 |
| E-mail: | 0.00 |

Fiscal Year: **2005/2006**

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q1

| FUNDING SOURCE | Hours | Admin. Costs | Admin. Costs | Benefit Costs | Benefit Costs | Total Costs |
|----------------|-------|-----------------------|--------------------|-----------------------|--------------------|-------------|
| | | Fed. & State Eligible | Fed. Eligible Only | Fed. & State Eligible | Fed. Eligible Only | |
| PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

COST REIMBURSEMENT BY FUNDING SOURCE:

| Funding Source | Federal | State | County | Total Costs |
|----------------|---------|--------|--------|-------------|
| PCSP | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Approved by:

(State IHSS Program Manager)

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS19-96
Sacramento, CA 95814

| | |
|----------|------|
| County: | 0.00 |
| Address: | 0.00 |
| | 0.00 |
| | 0.00 |
| Contact: | 0.00 |
| Phone: | 0.00 |
| E-mail: | 0.00 |

Fiscal Year: 2005/2006

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q2

| FUNDING SOURCE | Admin. Costs | | Admin. Costs | | Benefit Costs | | Benefit Costs | |
|----------------|--------------|-----------------------|--------------------|--|-----------------------|--|--------------------|-------------|
| | Hours | Fed. & State Eligible | Fed. Eligible Only | | Fed. & State Eligible | | Fed. Eligible Only | Total Costs |
| PCSP | 0.0 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| Waiver Plus | 0.0 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| Non-PCSP | 0.0 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| Total | 0.0 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |

COST REIMBURSEMENT BY FUNDING SOURCE:

| Funding Source | Federal | State | County | Total Costs |
|----------------|---------|--------|--------|-------------|
| PCSP | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Approved by:

(State IHSS Program Manager)

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS19-96
Sacramento, CA 95814

| | |
|----------|------|
| County: | 0.00 |
| Address: | 0.00 |
| | 0.00 |
| | 0.00 |
| Contact: | 0.00 |
| Phone: | 0.00 |
| E-mail: | 0.00 |

Fiscal Year: 2005/2006

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q3

| FUNDING SOURCE | Admin. Costs | | Admin. Costs | | Benefit Costs | | Benefit Costs | |
|----------------|--------------|-----------------------|--------------------|-----------------------|--------------------|-------------|---------------|--------|
| | Hours | Fed. & State Eligible | Fed. Eligible Only | Fed. & State Eligible | Fed. Eligible Only | Total Costs | | |
| PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

COST REIMBURSEMENT BY FUNDING SOURCE:

| Funding Source | Federal | State | County | Total Costs |
|----------------|---------|--------|--------|-------------|
| PCSP | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Approved by:

(State IHSS Program Manager)

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS19-96
Sacramento, CA 95814

| | |
|----------|------------------------------|
| County: | 0.00 |
| Address: | 0.00 0.00 0.00 0.00 |
| Contact: | 0.00 |
| Phone: | 0.00 |
| E-mail: | 0.00 |

Fiscal Year: 2005/2006

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q4

| FUNDING SOURCE | Admin. Costs | | Admin. Costs | | Benefit Costs | | Benefit Costs | |
|----------------|--------------|-----------------------|--------------------|-----------------------|--------------------|-------------|---------------|--------|
| | Hours | Fed. & State Eligible | Fed. Eligible Only | Fed. & State Eligible | Fed. Eligible Only | Total Costs | | |
| PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | 0.0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

COST REIMBURSEMENT BY FUNDING SOURCE:

| Funding Source | Federal | State | County | Total Costs |
|------------------------------------|---------|--------|--------|-------------|
| PCSP | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Waiver Plus | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-PCSP | | \$0.00 | \$0.00 | \$0.00 |
| Year-End Claim Rate Cap Adjustment | \$0.00 | \$0.00 | \$0.00 | |
| Pre-Adjust. Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Adjusted TOTAL | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | |
|---|------|--|------|
| <p>I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.</p> | | <p>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.</p> | |
| SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR | DATE | SIGNATURE OF COUNTY AUDITOR OR CONTROLLER | DATE |

Approved by:

(State IHSS Program Manager)

Date

CLAIM FOR REIMBURSEMENT IN-HOME SUPPORTIVE SERVICES PROGRAM CONTRACT EXPENDITURES

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS 19-96
Sacramento, CA 95814

| |
|------------------------|
| FROM: |
| COUNTY: |
| ADDRESS: |
| CONTACT PERSON: |
| PHONE NUMBER: () |

| | | |
|-----------------|-----------------|--------------------|
| CONTRACT NUMBER | CONTRACTOR NAME | SERVICE MONTH/YEAR |
|-----------------|-----------------|--------------------|

CONTRACT SERVICE DELIVERY TOTALS FOR MONTH BY FUNDING SOURCE: WARRANT DATE _____ FISCAL YEAR/QTR. _____

| FUNDING SOURCE | TOTAL CASES | TOTAL HOURS | GROSS EXP. | *ADJUSTMENTS | TOTAL NET EXP. |
|----------------|-------------|-------------|------------|--------------|----------------|
| PCSP | _____ | _____ | _____ | _____ | _____ |
| IPW | _____ | _____ | _____ | _____ | _____ |
| IHSS | _____ | _____ | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ | _____ | _____ |

* If the actual PCSP, IPW, and IHSS adjustment amounts are not known, please estimate the PCSP, IPW, and IHSS amounts based on the PCSP, IPW, and IHSS hours to total hours ratio.

COST REIMBURSEMENT DETAIL BY FUNDING SOURCE:

| FUNDING SOURCE | FEDERAL | STATE/COUNTY | STATE | COUNTY | TOTAL NET EXPENDITURE |
|----------------|-------------|--------------|-------------|-------------|-----------------------|
| PCSP | (50%) _____ | (50%) _____ | (65%) _____ | (35%) _____ | _____ |
| IPW | (50%) _____ | (50%) _____ | (65%) _____ | (35%) _____ | _____ |
| IHSS | _____ | _____ | (65%) _____ | (35%) _____ | _____ |
| Totals | _____ | _____ | _____ | _____ | _____ |

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 & .951 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 & .951 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Sections 1070 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

| | | | |
|--|------|---|------|
| SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR | DATE | SIGNATURE OF COUNTY AUDITOR OR CONTROLLER | DATE |
|--|------|---|------|

Approved by: _____ Date: _____
(State IHSS Program Manager)

SECTION I OVERPAYMENTS/UNDERPAYMENTS

| | PCSP CASES | IPW CASES | IHSS CASES | PCSP HOURS | IPW HOURS | IHSS HOURS | PCSP GROSS | IPW GROSS | IHSS GROSS |
|-----------------------|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| A PAYMENT | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| B CONNECTED PAYMENT | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| C ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

SECTION II OTHER _____ (COUNTY SPECIFIC)

| | PCSP CASES | IPW CASES | IHSS CASES | PCSP HOURS | IPW HOURS | IHSS HOURS | PCSP GROSS | IPW GROSS | IHSS GROSS |
|-----------------------|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| D BILLED | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| E ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| F NET BILLED | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

SECTION III LIQUIDATED DAMAGES

| | PCSP CASES | IPW CASES | IHSS CASES | PCSP HOURS | IPW HOURS | IHSS HOURS | PCSP GROSS | IPW GROSS | IHSS GROSS |
|-----------------------|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| G BILLED | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| H ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| I NET BILLED | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

SECTION IV PCSP / IHSS ADJUSTMENTS

| | PCSP CASES | IPW CASES | IHSS CASES | PCSP HOURS | IPW HOURS | IHSS HOURS | PCSP GROSS | IPW GROSS | IHSS GROSS |
|---------------------------------------|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| J NET ADJUSTMENT C + E + H (+ / =) | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| K ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| L TOTAL NET ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

SECTION V CONTRACTOR BILLING

| M | SERVICE MONTH (1) | PCSP CASES | IPW CASES | IHSS CASES | PCSP HOURS | IPW HOURS | IHSS HOURS | PCSP GROSS | IPW GROSS | IHSS GROSS |
|---|---|------------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| N | INVOICE BILLED | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| O | NET ADJUSTMENT + / = C + E + H or L | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| P | TOTAL NET ADJUSTMENT + / = | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

EXAMPLE

Attachment C

On _____ County Letterhead, please provide the following information:

Kyle Weber, Manager
California Department of Social Services
Adult Programs Branch
744 P Street, MS 19-96
Sacramento, California 95814

SUBJECT: AUTHORIZED SIGNATURES

Mr. Weber:

The employees listed below are authorized to sign the quarterly expenditure claim, SOC 448, for the _____ County, IHSS Public Authority, as certification for the County Welfare Director. The authorized signatures are shown below.

Name, Director

Name, Deputy Director

Name, Senior Accounting Manager

Name, Senior Accounting Manager

The employees listed below are authorized to sign the quarterly expenditure claim, SOC 448, for the _____ County, IHSS Public Authority, as certification for the County Auditor-Controller. The authorized signatures are shown below.

Name, Director of Finance

Name, Assistant Auditor-Controller

Name, Deputy Auditor-Controller

Name, Deputy Auditor-Controller

Sincerely,

Name, Director

**CDSS APB Fiscal and Administrative Unit
Contact Person by County**

| FAU ANALYST | Ardora McCalley <i><u>Ardora.McCalley@dss.ca.gov</u></i> | Rolonda Moen <i><u>Rolonda.Moen@dss.ca.gov</u></i> | Karyn Ross <i><u>Karyn.Ross@dss.ca.gov</u></i> |
|--------------------|--|--|--|
| COUNTY | | | |
| | Amador | Alameda | Alpine |
| | Butte | Contra Costa | Orange |
| | Calaveras | Fresno | Riverside |
| | Colusa | Humboldt | San Mateo |
| | Del Norte | Inyo | Santa Clara |
| | El Dorado | Kern | Santa Cruz |
| | Glenn | Modoc | Shasta |
| | Imperial | Mono | Solano |
| | Lassen | Kings | Sonoma |
| | Madera | Lake | Tehama |
| | Mariposa | Los Angeles | Trinity |
| | Merced | Marin | Tulare |
| | Monterey | Mendocino | Tuolumne |
| | Sacramento | Napa | Ventura |
| | San Benito | Nevada | |
| | San Joaquin | Placer | |
| | San Luis Obispo | Plumas | |
| | Siskiyou | Sierra | |
| | Stanislaus | San Bernardino | |
| | Sutter | San Diego | |
| | | San Francisco | |
| | | Santa Barbara | |
| | | Yolo | |
| | | Yuba | |
| | | | |
| | | | |